As of 11 July 2021

Standard Operating Procedure (SOP): COVID-19 Dispatch and Referral Unit (DRU)

For COVID-19 Response in Cox's Bazar, Bangladesh

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BACKGROUND

The COVID-19 outbreak is rapidly evolving in Cox's Bazar District and there is an increasing need to ensure referral to treatment and isolation facilities for patients and contacts both in the Rohingya camps and in the host community. The increase in the COVID-19 case load requires not only an increase in capacity but also a centralized control system for dispatch of ambulances and transport of patients and contacts. For this reason, under the leadership of Health Sector and in collaborations with other partners IOM is actively coordinating and managing a Dispatch and Referral Unit (DRU) in support of the health sector 's Surge Case Management Working Group. This surge referral mechanism can be activated during health, and outbreaks (such as (COVID-19, and monsoon/cyclone related emergencies,) not to interrupt routine medical emergency referrals. It is an inter-agency supported mechanism under health sector requiring support of the sector partners to contribute vehicles into the centrally managed common pool.

DRU Objectives

- Timely dispatch and arrival of ambulances to patients in need of isolation and treatment
- Prioritization of patients and appropriate transfers to suitable facilities based on patient need and aligned with changing response strategy
- Early containment of disease by timely referral of contacts to isolation/quarantine facilities
- Ensure no health facility is prematurely or unnecessarily overwhelmed
- Consistent operating procedures used for all responding agencies and staff
- Protection and continuity of ambulance services for non-COVID-19 activities

DRU Scope of Support

DRU WILL:

- Act as overall communication hub for receiving, responding to and documenting COVID-19 referral support requests, in line with defined care pathways and based on defined prioritization
- Coordinate 24/7 transport and referral of COVID-19 suspected/confirmed cases (including symptomatic contacts) in Rohingya camps
    - From a referring health facility to an ITC or SARI ITC
    - From an ITC to a SARI ITC
    - From a quarantine facility to an ITC or SARI ITC
- Coordinate transport and referral of COVID-19 confirmed cases (identified through sentinel testing) in Rohingya camps from the community to an ITC or SARI ITC
- Coordinate transport and referral of asymptomatic contacts of confirmed Covid-19 cases (Rohingya) from the community to a quarantine facility (daytime hours only)
- Backstop support to UNHCR and IOM in their respective AOR in transporting "new arrivals and travelers" to transit center for quarantine depending on priorities of patient transfer, phase of the outbreak and availability of additional vehicle in the pool
- Referral of suspected cases among NGOs workers based near or within the Rohingya Refugee Camps to Isolation Unit for testing in line with ISCG referral pathway
- Support for referral of host community Covid-19 cases to Government health facilities in Cox's Bazar district
- Provide ambulance support (only) for transfer of critical case to Sadar Hospital in case the health

facility or SARI ITC ambulance in their internal pool

- Provide vehicle support for transfer of dead bodies, when the cause of death is related to COVID-19, from SARI ITC to community (not for internal community transfer)

DRU CANNOT:

- Transport any laboratory specimens
- Provide generalized support to transport dead bodies other than death due to COVID-19 (in case of death in transit; receiving facility will take responsibility for dead body management according to protocol)
- Trace patients' and contacts' current location to inform families
- Coordinate transport of any other emergency referrals (for routine referral support contact IOM referral hotline number)

DRU Requirements

- Remain operational 24/7
- Establish and equip a dedicate office for fulfillment of DRU functions
- Staffed with personnel with enough technical medical expertise to assist with patient prioritization and selection of suitable referral site; and competent communication skills
- Hold a centralised hotline number to direct callers for appropriate support
- Hold and maintain a referral requests tracking log
- Hold and maintain a pool of ambulances with trained drivers (from IOM and different agencies); prepositioned in strategic locations for ease and speed of referrals
- Hold and maintain a system for tracking ambulances whereabouts for ease and speed of referrals

DRU Stakeholders

- DRU personnel
- Referring (health) facilities
- Rapid Investigation and Response Teams (RIRT)
- Isolation Facilities/Sentinel sites
- SARI ITCs
- Quarantine facilities
- Contributing agencies to pooled ambulance
- Transit centre

DISPATCH & REFERRAL MANAGEMENT AND FLOW

Call Management

All calls to the DRU hotline **(01844276699)** are directed through a hotline 'switchboard', as follows:

- Press 1 to request COVID-19 case or contact referral support → forwarded to medical assistant
- Press 2 to provide or request an update regarding an existing request for COVID-19 referral support → forwarded to available DRU assistant

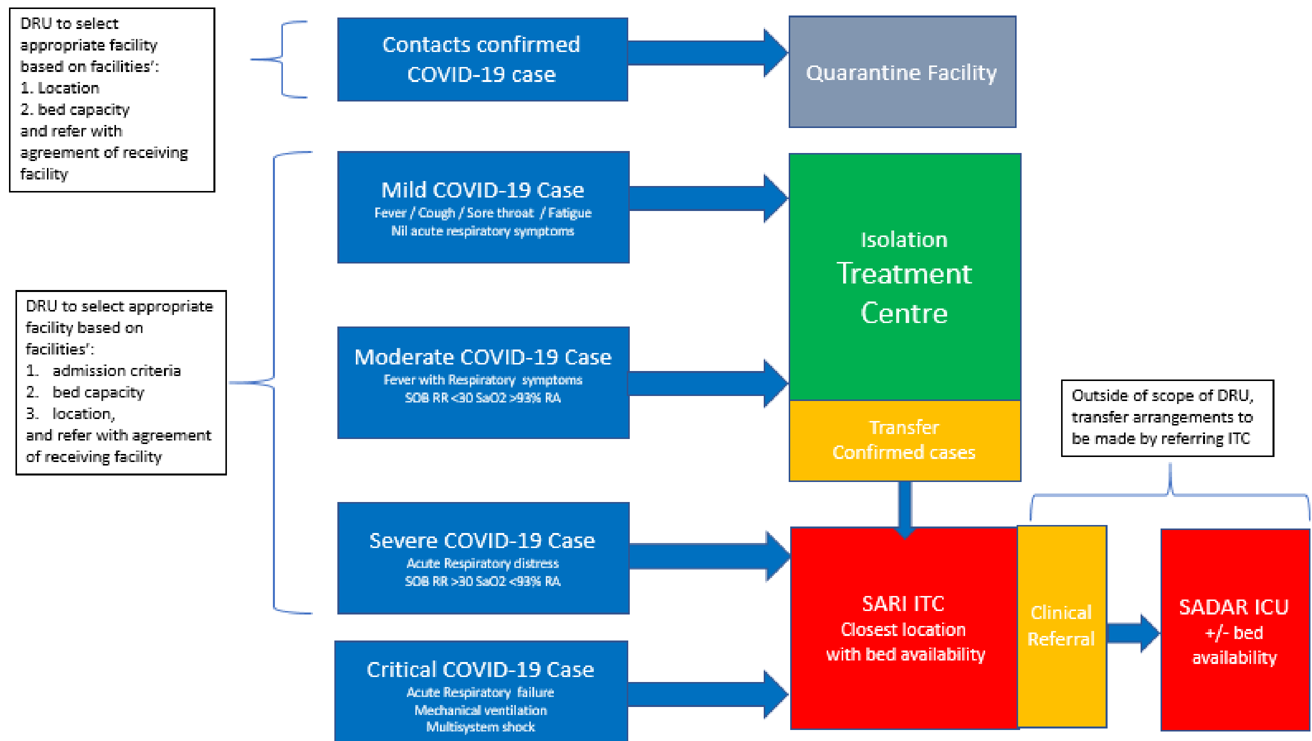
[N:B: There is an option for press 3 to request ambulance or MMT support for whether related emergencies, unrelated to COVID-19]

The requestor should select as appropriate.

Referral care pathway

Requestors are responsible for providing as much information as possible regarding the referrals, for each individual being referred (this should be provided by a medical professional). This information will enable screening and prioritisation by the DRU of each request.

The referral pathway will change throughout the outbreak, as the scenario evolves and as informed by the Case Management Working Group. At present, the referral care pathway for Rohingya setting is as follows :



Medical assistants use the bed capacity monitoring tool, shared by the health sector, to select a receiving facility based on:

- Severity level the receiving facilities can accommodate
- Receiving facilities' ability to accommodate special requirements (admission criteria)
- Receiving facilities' current bed capacities*
- Receiving facilities' location in relation to the referring facility and/ or proximity to the beneficiaries' residence

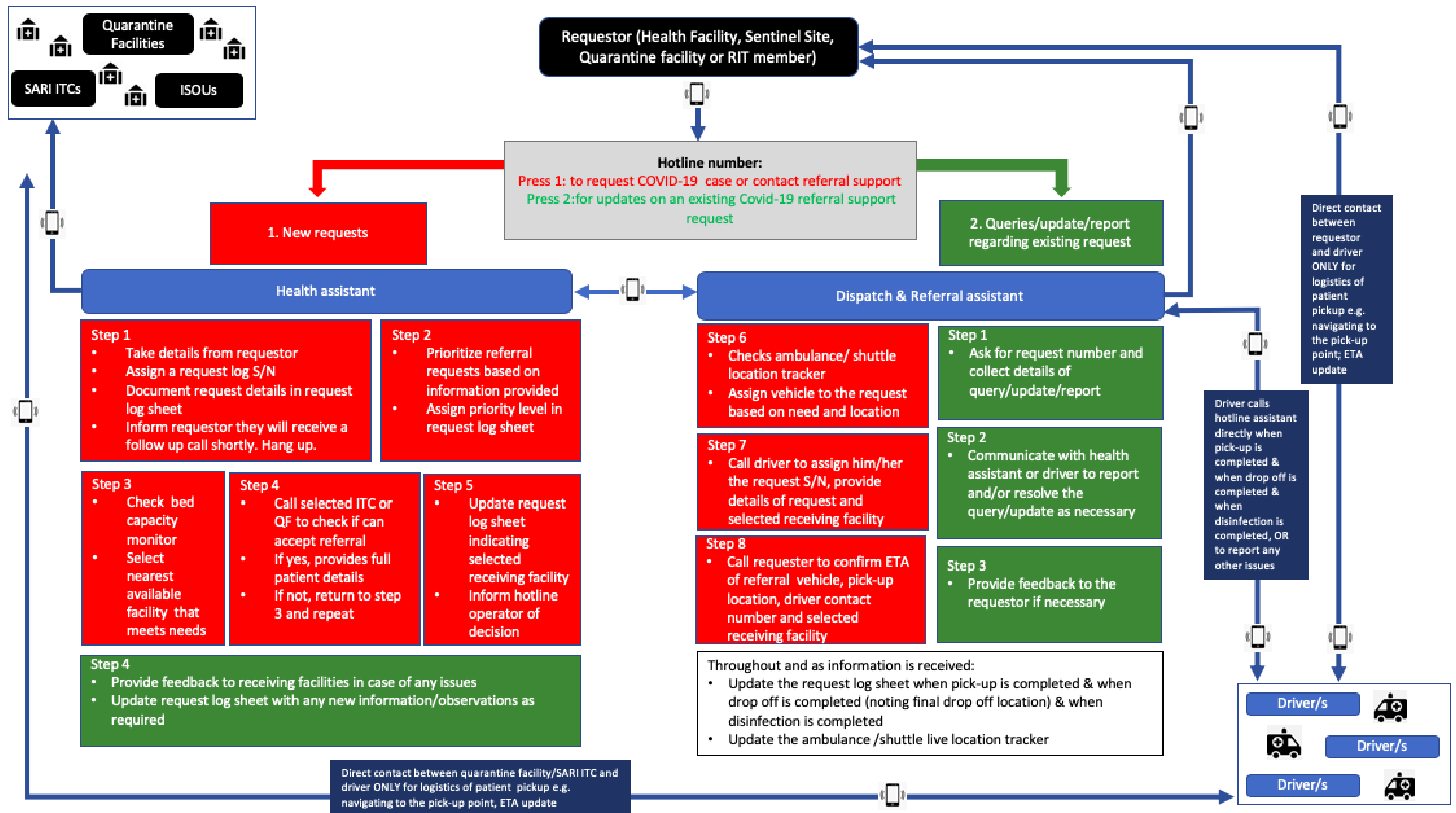
* in case the primarily selected SARI ITC is having 80% of bed occupancy, DRU may consider referral of the patients to a second nearby SARI ITC

Drivers maintain a stock of 'contact referral form' and 'case referral form' (see Annex A1, Annex A2) in their vehicles always, to be completed by requestor on pick-up and handed to receiving facility at drop off. These forms will enable receiving facility to immediately understand the nature of the referral upon arrival of the vehicles. Note that the drivers will not be responsible for providing any technical information related to the referral.
For host community requests, DRU refers as instructed by the requestor to selected Government ITC.

For critical patients the health facility or SARI ITC should directly call to Sadar Hospital ICU hotline number instead of calling DRU (see Annex B, Sadar hospital referral process)

Dispatch and Referral Flow chart

The below diagram illustrates the communication flow and actions by DRU from request to completion of the referral, for Rohingya setting.



STAFFING

IOM has scaled up HR support for DRU and has assigned 3 dedicated Medical Assistants (MAs) and 4 Dispatch & Referral Assistants (DRAs). The staff operate (24/7) , and at least one MA and one DRA are always on shift, differing roles and responsibilities:

- **Medical assistants (MAs)**: responsible for receiving new requests for support; documenting the request information in detail; prioritising requests based on severity; communicating with and selecting a facility to receive the referral (based on patient needs and receiving facilities' capacities); and documenting and informing the dispatch and referral assistants of the selected receiving facility.
- **Dispatch and referral assistants (DRAs)**: responsible for assigning and dispatching ambulances for each request based on priority and location of ambulance; communicating with the requester; tracking ambulance whereabouts and completion of the referral process; receiving, responding to and communicating as required regarding updates on the referral; and documenting the dispatch and referral status for each request

In addition, all ambulance and shuttle drivers (regardless of employing agency) have the following roles and responsibilities:

- **Ambulance drivers:** ensure their assigned vehicle is adequately stocked each day and their phones are well charged; remain on standby at their assigned station for referral during their assigned shift; safely transport patient/s (and escort or caregiver if justified) from pick-up point to drop off facility as instructed by DRAs; communicate with DRAs on estimated arrival time for pick-up and drop off; ensure the patient referral form is completed by the requestor at pick-up and handed to the receiving facility at drop-off; log signatures from requestor (upon successful loading of the patient/s) and from receiving facility (upon successful offloading of the patient/s); wait at the receiving facility to allow them to conduct necessary checks; communicate with DRA if any issues arise requiring change to referral plan; ensure their ambulance is decontaminated after successful patient drop-off (drive to nearest decontamination point if not on-site); communicate to DRA when decontamination is completed; return to assigned station unless receive another request.

  Note: Ambulance drivers are not responsible for loading patients into the ambulances; this is the responsibility of the referring agency including administering oxygen.

- **Shuttle drivers:** ensure their assigned vehicle is adequately stocked each day and their phones are well charged; remain on standby at their assigned station for referral during their assigned shift; safely transport contact/s from pick-up point to drop off facility as instructed by DRAs; communicate with DRAs on estimated arrival time for pick-up and drop off; ensure the contact referral form is completed by the requestor at pick-up and handed to the receiving facility at drop-off; log signatures from requestor (upon successful loading of the contact/s) and from receiving facility (upon successful offloading of the contact/s); wait at the receiving facility to allow them to conduct necessary checks; communicate with DRA if any issues arise requiring change to referral

plan; ensure the shuttle is decontaminated on-site; communicate to DRA when all is completed; return to assigned station unless receive another request.

Direct communication between drivers and requestors and receiving facilities will only be for communication of navigation to pick-up or drop-off point, and ETA updates. All other communication is through MA or DRA.

Management of the vehicle preparation, keeping and replenishing emergency kits including oxygen cylinder, maintenance, fueling, supplies (including mobile phones), driver shift scheduling etc is the responsibility of agencies contributing to the ambulance pool according to their respective protocols. DRU will not provide such support but will need to be informed if any ambulance is removed from the pool (either temporarily or permanently), and any changes to the drivers (requiring re-training).

TRAINING

All drivers (from IOM and from agency "pool") undergo a standardized training (provided by IOM) covering:

- Overall function and scope of the DRU (simplified)
- Roles and responsibilities/tools
- Equipment, tools and supplies required
- Reporting and communications channels and requirements
- Communication skills
- IPC and ambulance decontamination (including locations)

All medical assistants and dispatch and referral assistants have been trained by IOM on:

- Overall function and scope of the DRU
- Difference between cases and contacts referral plan
- Prioritization of calls
- Roles and responsibilities/tools
- Communication channels
- Communication skills
- Communication equipment (e.g. call forwarding etc.)
- Documentation requirements
- Shift scheduling including overnight arrangements
- IPC and PPE
- Data/patient confidentiality

To ensure compliance with protocols and documentation requirements, this is being supplemented by supportive supervision by members the IOM DRU team in the initial week, and routine monitoring visits throughout the outbreak duration.

EXPECTATIONS OF REQUESTER AND RECEIVING FACILITIES RE DRU: CASE REFERRAL

Requestor (health facility; ITC; sentinel site; quarantine facility; or SARI ITC)

- ❑ Requestor can call the hotline 24/7 to request support for transporting suspected Covid-19 cases (including symptomatic contacts of known cases)

- ❑ When calling the hotline, the requestor will be transferred to a medical assistant who will initially ask for the following information:

  - Referral request type (contact or case)
  - Number of patients (up to 5 mild/moderate cases can travel in one vehicle provided they are members of the same household; only 1 severe case can be transported at a time with maximum two additional mild/moderate cases provided they are members of the same household)
  - Patient/s severity
  - Patient/s risk factors or vulnerabilities
  - Availability/intention to provide escort (recommended for severe case; required for critical cases)
  - Requestor facility name/type/camp location
  - Requestor contact information
  - patient/s: name/sex/age
  - patient/s address: camp and block
  - any need for accompanying caregivers (only for minors or in case of safeguarding concerns)

Note: this should be provided by a medical professional, with as much detailed information as possible. If needed, requestor may follow up with an SMS or separate phone-call to confirm particulars e.g. patient name and address

- ❑ DRU will assign a request serial number which the requestor should take note of and should cite in any future communication with DRU regarding this referral, for easier tracking.

Note: DRU will not be able to assign an ambulance immediately; but will hang up and call the requestor back

- ❑ DRU will call the requestor back as soon as possible confirming
  - the pick-up location
  - ambulance/driver details
  - estimated ambulance arrival time
  - the selected referral facility

Note: The requestor does not need to contact the referral facility directly, DRU will coordinate this.

- ❑ While awaiting the ambulance, the requestor/requesting facility should:
  - Ensure that suspected COVID-19 patient/s remain/s in isolation holding area
  - Counsel the patient/s and family members on the referral process
  - Inform the patient/s and family members of the selected referral facility

- Facilitate arrangements for collection of necessary personal items from the patients' home
- Prepare for patient escort if providing (recommended for severe case; required for critical cases)
- Call the ambulance driver directly ONLY for navigation to the pick-up point; otherwise
- Call the DRU hotline, citing the assigned request number, for any updates that might affect the referral plan (e.g patient ran away; referral refusal; change of pick-up location)

Note: DRU ambulance may take 1-3 hours to arrive, depending on patient prioritization. DRU will call the requestor in case of unforeseen delays.

- [ ] When the ambulance driver arrives, the requestor should:
    - complete a case referral form (provided by ambulance driver) and hand this to the driver
    - load the patient/s into the ambulance including administration of oxygen as required
    - Ensure the escort (if provided) has adequate PPE
    - Sign a log book indicating the patient handover has been completed

Note: the ambulance will usually wait for up to 30 minutes, unless a delay or issue has been communicated to DRU requiring the ambulance to wait longer.

- [ ] After the ambulance leaves, DRU:
    - [ ] WILL contact the requestor if the referral (receiving) site changes or if a patient dies in transit
    - [ ] WILL NOT contact the requestor if all goes according to plan (the referral was successful)

Note: escorts will need to arrange their own transportation back, as the ambulance will need to proceed to decontamination and resume duties immediately.

Receiving facility (ITC or SARI ITC)

All ITCs and SARI ITCs must log their bed capacity (online form) at regular interval as suggested by health sector.

- [ ] Receiving facilities may receive a phone call from DRU medical assistant at any time (24/7) requesting admission of patient/s

- [ ] DRU will provide basic patient information including:
    - Number of persons
    - Severity of disease
    - Specific risk factors or vulnerabilities
    - Any accompanying caregivers (only for minors or in case of safeguarding concerns)

- [ ] Receiving facilities must confirm acceptance or non-acceptance of the patient. If the patient cannot be accepted for any reason, the DRU will contact an alternative facility. If the patient CAN be accepted, DRU will provide detailed information including:
    - DRU request serial number assigned to this referral (for ease of tracking)
    - Patient/s Name, Sex, Age and Address
    - Referring agency and facility type

- [ ] After assigning an ambulance and confirming with the referring agency, DRU will call the receiving facility again to confirm estimated drop of time.

- [ ] The receiving facility should inform DRU of any access restrictions to the facility and arrange for a pick-up point by foot if required

- [ ] While awaiting the ambulance, the receiving facility should:
  - Take appropriate precautions and prepare to receive the patient for appropriate care
  - Call the ambulance driver directly ONLY for navigation to the pick-up point
  - Call the DRU hotline, citing the assigned request number, for any updates that might compromise or alter the referral plan

Note: DRU will communicate any unforeseen delays/issues with the receiving facility.

- [ ] When the patient/s arrives at the facility, the ambulance driver will
  - Handover the case referral form
  - Seek support from the receiving facility with off-loading the patient/s
  - Wait for 15 minutes while for completion of necessary screening and triage
  - Request a signature in driver log book indicating the referral has been completed
  - Request support from receiving facility with disinfection (if available)

- [ ] If the patient/s cannot be admitted for any reason on arrival of the ambulance, the receiving facility should call DRU again and provide the update and reason for non-admission. DRU will make alternative arrangements and communicate to the driver. Meanwhile the receiving facility should ensure the patient/s remain in an appropriate holding area

Note: If a patient dies in transit, the receiving facility must accept the patient and facilitated the safe and dignified burial process according to the agreed guideline.

EXPECTATIONS OF REQUESTER AND RECEIVING FACILITIES RE DRU: CONTACT REFERRAL

Requestor (Health Facility; Rapid Investigation Team, other)

- [ ] Requestor can call the hotline from 6am to 5pm to request support for transporting <u>asymptomatic</u> contacts of Covid-19 confirmed cases. Requests received outside of these hours will be asked to call back the following morning, as quarantine facilities will not be able to receive patients outside of these hours unless in an emergency.

- [ ] When calling the hotline, the requestor will be transferred to a medical assistant who will ask for the following information:

  - Referral request type (contact or case)
  - Requestor facility name/type/camp location as appropriate
  - Requestor contact information
  - Number of contacts (one shuttle can transport members of the same household only)
  - Contact/s: name/sex/age
  - Contact/s address: camp, block

- Name of case linked to contact/s
- Any need for accompanying caregivers (only for minors or in case of safeguarding concerns)

Note: this should be provided by a medical professional, with as much detailed information as possible. In the case of RITs, if no professional can screen for symptoms then contacts should be accompanied to the nearest health facility for screening and referral. NO symptomatic contacts (suspect cases) should be referred from the community level.

- [ ] DRU will assign a request serial number which the requestor should take note of and should cite in any future communication with DRU regarding this referral, for easier tracking.

Note: DRU will not be able to assign a shuttle immediately; but will hang up and call the requestor back.

- [ ] DRU will call the requestor back as soon as possible confirming
    - the pick-up location
    - shuttle driver details
    - estimated shuttle arrival time
    - the selected referral (quarantine) facility

Note: The requestor does not need to contact the quarantine facility directly, DRU will coordinate this.

- [ ] While awaiting the shuttle, the requestor/requesting facility should:
    - Counsel the contact/s on what to expect and the referral process
    - Inform the contact/s of their assigned quarantine facility
    - Encourage contact/s to remain in their households
    - Remain near the household to minimize risk or contact/s running away
    - Encourage the contact/s to pack necessary personal items
    - Call the shuttle driver directly ONLY for navigation to the pick-up point
    - Call the DRU hotline, citing the assigned request number, for any updates that might compromise or alter the referral plan (e.g contacts ran away; referral refusal; change of pick-up location)

Note: DRU shuttle may take 2-4 hours to arrive, depending on volumes (case referrals will take priority over contact referrals). DRU will call the requestor in case of unforeseen delays.

- [ ] When the shuttle driver arrives, the requestor should:
    - Complete a contact referral form (provided by the shuttle driver) and hand this to the driver
    - Escort the contacts to the identified pick-up point and into the shuttle
    - Ensure the contacts don masks (cloth masks provided by driver)
    - Sign a log book indicating the contact handover has been completed

Note: the shuttle will usually wait for up to 30 minutes, unless a delay or issue has been communicated to DRU requiring the shuttle to wait longer.

- [ ] After the shuttle leaves, DRU:
    - WILL contact the requestor if the referral (receiving) site changes or if a patient dies in transit
    - WILL NOT contact the requestor if all goes according to plan (the referral was successful)

Receiving facility (quarantine facility)

All quarantine facilities must log their shelter capacity (online form) at regular interval as suggested by health sector.

- ❑ Receiving facilities may receive a phone call from DRU medical assistant from 8am-4pm requesting admission of contacts

- ❑ DRU will provide basic information including number of persons

- ❑ Receiving quarantine facilities must confirm acceptance or non-acceptance of the referral. If the referral cannot be accepted for any reason, the DRU will contact an alternative facility. If the referral CAN be accepted, DRU will provide detailed information including:
  - DRU request serial number assigned to this referral (for ease of tracking)
  - Contact/s Name, Sex, Age and Address
  - Referring agency and facility type

- ❑ After assigning a shuttle and confirming with the referring agency, DRU will call the receiving quarantine facility again to confirm estimated drop of time.

- ❑ The receiving quarantine facility should inform DRU of any access restrictions to the facility and arrange for a pick-up point by foot if required

- ❑ While awaiting the shuttle, the receiving quarantine facility should:
  - Take appropriate precautions and prepare to receive the contacts
  - Call the shuttle driver directly ONLY for navigation to the pick-up point
  - Call the DRU hotline, citing the assigned request number, for any updates that might compromise or alter the referral plan

Note: DRU will communicate any unforeseen delays/issues with the receiving quarantine facility.

- ❑ When the contacts/s arrives at the facility, the shuttle driver will
  - Handover the contact referral form
  - Seek support from the receiving facility with off-loading the contact/s
  - Wait for 15 minutes for completion of necessary screening and triage
  - Request a signature in driver logbook indicating the referral has been completed
  - Request support from receiving facility with disinfection (if available)

- ❑ If the contact/s cannot be admitted for any reason on arrival of the shuttle, the receiving quarantine facility should call DRU again and provide the update and reason for non-admission. DRU will make alternative arrangements and communicate to the driver. Meanwhile the receiving facility should ensure the contact/s remain in an appropriate holding area.

EXPECTATIONS OF AGENCIES CONTRIBUTING TO DRU VEHICLE POOL

DRU is an inter-agency supported mechanism, requiring support of other agencies to contribute vehicles into a pool that is centrally managed by DRU, according to the DRU common agreement under Health Sector. A working target of 25-30 vehicles been set to meet the needs of COVID-19 referrals in the Rohingya camps and host community.

For ease of reference, vehicle support has been grouped into 4-levels as follows:

- **Level 1**: 24/7 intensive care ambulance (for transporting critical cases)- not included in DRU fleet
- **Level 2**: 24/7 emergency ambulance equipped with removable trolley stretcher with fixed side bench for escort or patient's attendance, oxygen cylinder, saline stands/hooks and sucker machine. Separate compartment for driver's cabin (for transporting severe or moderate cases requiring oxygen)
- **Level 3**: daytime only patient-transport ambulance without oxygen supply, equipped with stretcher and separate compartment for driver (for transporting uncomplicated mild/moderate cases and backstop support for contacts)
- **Level 4**: daytime only unaltered minivan/microbus for transporting contacts/new arrivals/travelers

Agencies contributing to the ambulance pool should note that:

- Ambulances must be staffed with drivers, ideally 24/7 (if not, available shifts should be communicated to DRU)
- Contributing agencies are responsible for vehicle maintenance; drivers' salary; communication equipment (mobile phone with prepaid sims) and vehicle refueling
- Contributing agencies are responsible for equipping ambulance with oxygen cylinders and basic PPE, and resupplying these.
- DRU is responsible for providing training and tools to drivers related to DRU related protocols
- Contributing agencies are responsible for training drivers on internal security/other protocols
- DRU will facilitate obtaining any necessary documentation from Government authorities to enable unhindered transport

MOVEMENTS AND TRANSPORT MANAGEMENT

DRU is responsible for appropriately assigning a given request to an ambulances/shuttles from the pool and guides the drivers facilitate a timely and safe transport. In most cases the drivers follow pre-determined routes with an effort to stay on main highways/ routes however contingency routes may be used in case of access restrictions (e.g road blocks; weather related road closures etc). Drivers and DRU staff should keep in mind alternatives and communicate with each other regarding any changes in routes which may result in delays.

At times, patients/contacts may have to be transferred to a pickup point due to poor access or security concerns. The referring or receiving facility (as applicable) should enable this, and communicate accordingly with the DRU on a suitable location. If a facility stretcher is used, this should be disinfected after by the responsible facility.

SPECIAL CONSIDERATIONS DURING TRANSPORT

Additional passenger transport

Transport of additional passengers (family, etc.) is not allowed unless in the case of a minor or a safeguarding concern, in which case one caregiver may accompany the patient. Contacts of the patients are often at higher risk for infection and transport of contacts increases the risk of healthcare worker exposure. Any accompanying persons should wear a mask and practice good hand hygiene. In such instances, basic PPE (mask) and alcohol-based hand sanitizer are provided by the ambulance driver.

The information for the receiving hospital is communicated to the referral requestor, who is responsible for informing a family member to minimize concern.

Patient care during transport of critical case

- In the case of a critical patients, the referral to Sadar ICU are handled directly by SARI ITCs (clinician to clinician), through a separate dedicated hotline number. DRU is not supporting with the transfer of critical COVID-19 cases, it is the responsibility of the referring site to arrange transport of such cases. In case of acceptance for admission to Sadar Hospital, SARI ITCs should make use of their own agency-specific ambulances for transfers but should never attempt to transfer a patient without availability of ALS trained medical escorts. In case the health facility or SARI ITC does not have available ambulance, DRU may provide ambulance support (only ambulance but not escort) for transfer of the critical case to Sadar Hospital.

Pediatric Considerations

Caregivers who follow infectious precautions may remain with a child during transport, if they wear appropriate PPE, have been providing care for the child during the current illness and do not have any significant risk factors themselves.

Efforts will be made to assure that comfort objects (blanket, stuffed animal, etc.) can accompany the patient during transport. These should not be left in the ambulance after patient handover.

Death of patient on arrival or whilst in transfer

The DRU is not responsible for the transportation of dead bodies unrelated with COVID-19. However, in case of death related to COVID-19, DRU can provide vehicle support for transfer of dead bodies from SARI ITC to community. However, such support is not available for deaths in the community.

If a patient is found to be dead on arrival, the referring health facility remains responsible for the deceased and subsequent dead body management. If the patient dies whilst being transferred the ambulance team should call the DRU immediately. The DRU will advise the receiving facility and will inform the referring facility/requestor.

The receiving facility will need to admit the deceased and a qualified health professional must declare the death. DRU ambulance staff are not qualified to declare deaths.

In case of transfer of dead bodies to community from SARI ITC, DRU will coordinate with respective camp health focal person and/or RIRT for further arranging safe and dignified burial in coordination with site management (SM) sector.

Pregnant Women or Post Partum <12 weeks

The DRU will check with the receiving facility to confirm their ability to admit and care for pregnant or post-partum (<12 weeks) women. The requestor should alert DRU in case of any complications requiring comprehensive obstetric care e.g. post-partum haemorrhage. Such cases should be referred to a facility with the ability to deliver comprehensive emergency obstetric care (Hope Field Hospital).

INFECTION PREVENTION CONTROL (IPC) AND AMBULANCE DECONTAMINATION

Ambulance/shuttle ventilation

Transport vehicles should optimize ventilation strategies to reduce the risk of exposure. This includes maximizing a high volume of air exchange (e.g. by opening the windows and vents) and setting all climate controls to fresh (not recirculating) air. If the patient and driver are separate, this applies to both the driver and patient compartments. Ambulances without separate compartments may create a negative pressure gradient in the patient area by opening the outside air vents and turning on the rear exhaust ventilation fans to the highest setting.

Decontamination and disinfection of vehicles

After referral to SARI ITC or ITC, ambulances should be decontaminated at the decontamination point of the ITC/ITC with the support of the facilities' decontamination team. However, if these facilities do not have any decontamination point, the decontamination can take place at one of the centralized decontamination points of IOM (currently the only functional point is in Cox's Bazar). A separate SOP has been developed on ambulance cleaning and disinfection (Annex C). Ambulance drivers are responsible for ensuring decontamination is completed, and DRU team are responsible for monitoring this and directing drivers to the nearest available decontamination point if not done on-site.

After referral to quarantine facilities, shuttles should also be disinfected on-site. Shuttle drivers should take support from the IPC focal person at the quarantine facility following the SOP (in process of being finalised). Shuttle drivers are responsible for ensuring disinfection is completed, and DRU team are responsible for monitoring this.

Precautions for ambulance/shuttle drivers

- Ambulance/shuttle drivers are trained on IPC and provided with sufficient PPE and cleaning materials.
- Ambulance drivers are not be involved in carrying COVID-19 cases in or out the ambulance. Referring agency and referral agency take the responsibility to carry non-ambulatory patients to and from the ambulance.

- Keeping a mask on patients and contacts during transport is sufficient, unless they are in respiratory distress.
- At the beginning of each shift, ambulance/shuttle drivers must check that there is an adequate inventory of supplies to provide safe transport using a daily stock checklist
- Drivers follow their own agencies' staff policy in case of COVID-19 related illness or exposure

Precautions for DRU office

Although the staff working in the DRU office are note directly exposed to patients, they are trained on standard precautions and have responsibilities for ensuring the office is kept clean.

Surfaces (e.g. desks) and objects (e.g. telephones and keyboards) must be wiped with disinfectant regularly. Sanitizing hand rub dispensers must be stocked, refilled regularly, and featured around the office. Posters promoting hand-washing and respiratory hygiene should be on display. Briefings on the completed office disinfection will be done at shift change. Face masks will be available for office staff.

DRU staff members will observe IOM's staff health policy in relation to COVID-19 related illness or exposure.

DATA COLLECTION AND ANALYSIS

DRU collects operationally relevant information.

- **DRU request log for cases and contacts:** this information is entered cumulatively into a live google sheet which allows the DRU team to monitor progress of each referral from request to completion of referral (line list of all transported cases/contacts). In addition, this allows IOM to conduct analyses for programmatic monitoring e.g. number of referral requests by type; number of referred persons by age/sex/camp/severity; average time from referral request to completion etc. Finally, this data may be a useful reference to help track a patient/contact who is reported as 'missing'. However, access to this data will be limited to DRU team and IOM health team, for patient confidentiality purposes. A weekly summary sheet (following epi weeks) is completed summing the aggregated number of referrals, every Sunday of each week. This allows for monitoring of trends over time.
- **DRU fleet sheet:** this information is maintained in a google sheet as a record of ambulances/shuttles within the DRU 'pool', their license plate number, assigned drivers and contacts, and hours of operation. Each vehicle is assigned a unique serial number. Access to this spreadsheet is limited to DRU team and IOM health team but will be updated with support of contributing agencies.
- **Drivers' log book:** this information is paper-based (entered into drivers' log-book) and will not be used for any analysis but may be required for monitoring purposes by the DRU team only.

ADDENDUM: BACKSTOP SUPPORT TO TRANSPORT NEW ARRIVALS/TRAVELLERS TO TRANSIT CENTER

Since the outbreak of COVID-19, the transit site has been used as a quarantine site for new arrivals or travelers who are expected to be quarantined for 14 days after their arrival into the camp. This requires transport support to the transit center (TC) and back to the camp once after completion of quarantine. Until now, there has been no clear system for transporting the newcomers or travelers and it is being managed at a camp level within available resources in an uncoordinated or unsystematic manner. Although DRUs core business is coordinating referrals of cases and contacts, arrangements have been made with IOM and UNHCR to support with transporting new arrivals (Rohingyas who are new to the camp) and travelers (Rohingyas' who have been outside of the camps and return after a period of absence) in their respective AoRs. These types of requests would mainly come from site management actors, most likely through a separate phone number to avoid interference with medical referrals, which will be provided to SM and transit center actors. Request logs will be maintained in the same request log sheet used by DRU team.

For fleet, 2 IOM vehicles and 1 UNHCR vehicle are designated for these purposes (listed in the fleet sheet), in the respective AoRs. During idle times, these vehicles can support with contact referrals in case of emergency, as back-up. Drivers must be on standby to support during daytime hours only. Travelers should not be sent alone to the transit site but rather accompanied by a site management staff or a SM volunteer when staff is not available (to be coordinated by requestor). Children below 18 should not be transported unless accompanied by a caregiver. To maintain physical distaining, a maximum of 7 persons can be transported per 14-seater microbus and cloth masks will be provided. Disinfection of the vehicles should be done at the transit center by IPC focal point, according to the vehicle disinfection SOP (in process of being finalized).